

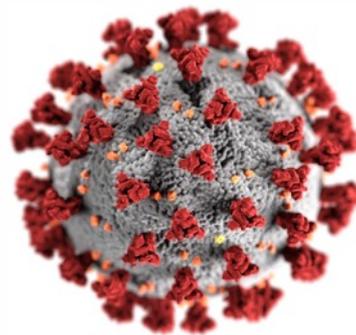
EMS Focus

A Collaborative Federal Webinar Series

Crisis Standards of Care and COVID-19: What EMS Needs to Know

Today

- ▶ Crisis Standards of Care, EMS and the Law
- ▶ Minnesota EMS Crisis Standards of Care Plan
- ▶ The Local Perspective – Operationalizing Crisis Standards of Care
- ▶ Questions



Today's Speakers



▶ James G. Hodge, Jr, JD, LLM

- ▶ Director, Center for Public Health Law and Policy, Arizona State University
- ▶ Professor, Sandra Day O'Connor College of Law



▶ Aaron Burnett, MD, FACEP

- ▶ EMS Medical Director, State of Minnesota
- ▶ Associate Professor of Emergency Medicine, University of Minnesota



▶ John L. Hick, MD

- ▶ Deputy Chief EMS Medical Director and Medical Director for Emergency Preparedness, Hennepin County Medical Center

Implementing Crisis Standards of Care in Response to COVID-19: Legal & Policy Issues

James G. Hodge, Jr, JD, LLM

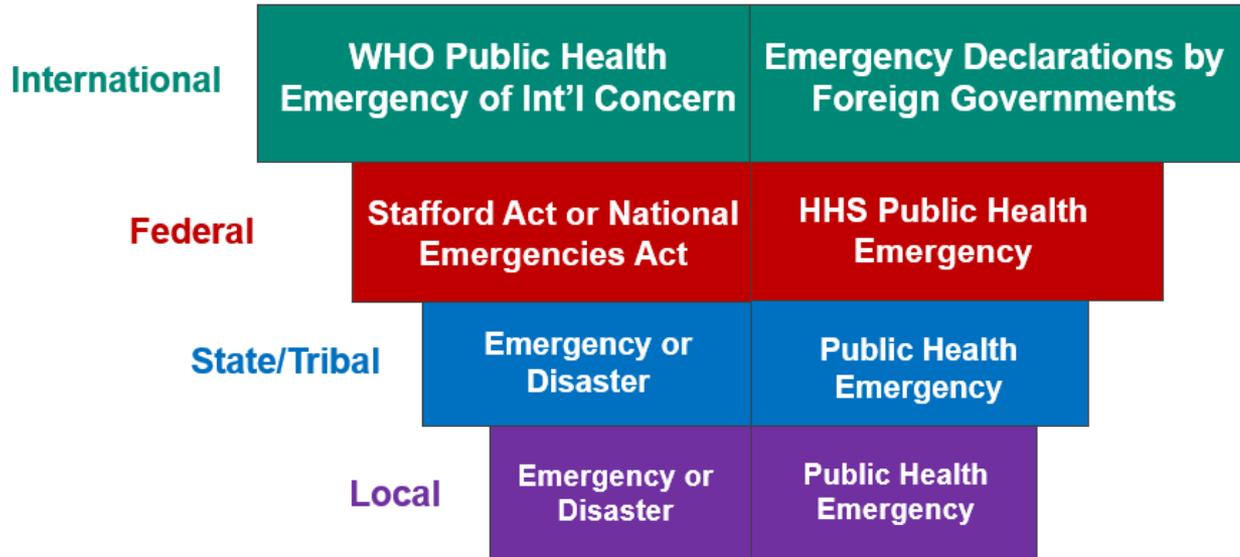
Purposes

- ▶ Emergency Declarations – Federal, State, Local
- ▶ Emergency Powers and Waivers
- ▶ Core Legal Issues
- ▶ Focus on Crisis Standards of Care Legal Concerns



Multi-Level Emergencies

Public health authorities, powers, liabilities and immunities vary depending on the type of emergency declared at each level of government



Federal Emergencies/Invocations

**HHS Public
Health
Emergency**

**January
31**



**National
Emergencies
Act**

**March
13**



**Stafford
Act
Emergency**

**March
13**



**Defense
Production
Act**

**March
20**

FEMA

Select Emergency Waivers



- ▶ **EMTALA** sanctions re: patient relocation
- ▶ **HIPAA Privacy Rule** regulations following implementation of hospital disaster protocol
- ▶ **Licensure requirements** for HCWs in the state where they are providing services
- ▶ **Certain conditions of participation** in Medicare, Medicaid and SCHIP
- ▶ **Telehealth allowances** to facilitate healthcare services and payments when visiting physical facilities

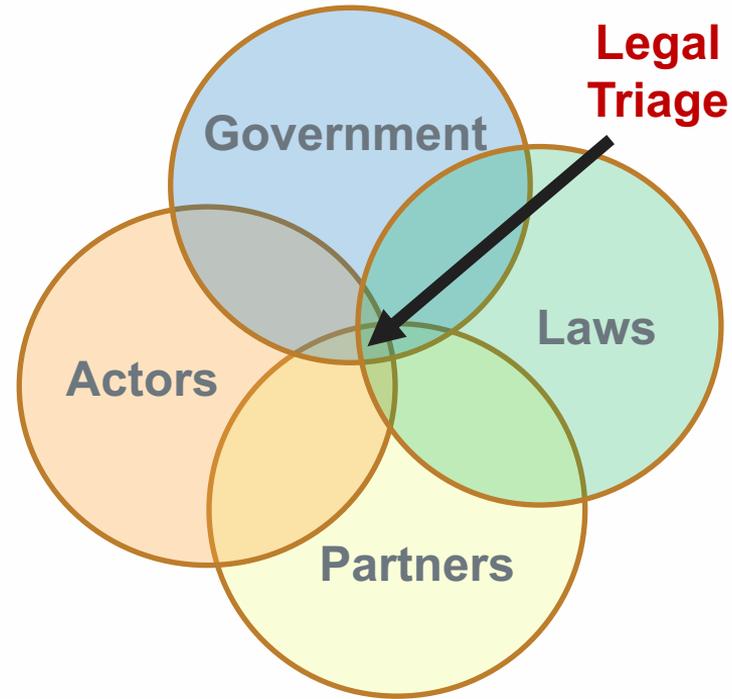
Select State Emergency Powers

This table tracks select, express authorities referenced via state emergency declarations (link on each state acronym for access). *Additional emergency powers may be authorized under state law through which the declarations are issued.*

Emergency Powers	A	A	A	C	C	C	D	F	H	I	I	I	K	L	M	M	M	M	N	N	N	N	O	O	P	R	T	V	U	W	W	W			
	K	Z	R	A	O	T	E	L	I	L	N	A	Y	A	E	D	A	I	J	M	Y	C	H	R	A	I	N	A	T	A	V	I			
Altered Contracts Procurements		■		■					■	■				■	■				■	■	■	■	■		■	■		■							
Emergency Plans ICS	■			■	■			■		■		■	■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
Funding Resource Allocation	■	■							■	■	■	■	■	■		■	■	■	■	■	■	■	■	■	■			■	■	■	■				
Intrastate Coordination	■	■	■	■	■	■			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Isolation Quarantine		■	■		■	■		■						■							■														
Licensure Reciprocity		■		■					■											■	■	■					■								
Price Controls re: Gouging	■			■					■					■					■			■	■	■		■	■					■	■		
Surveillance Reporting	■			■				■														■													
Testing Screening Treatment	■				■										■			■		■	■	■	■	■			■								
Travel Restrictions			■	■		■		■						■					■			■	■												
Waivers Suspensions	■	■	■		■									■					■	■	■	■		■	■	■	■	■	■					■	

Legal Triage in Emergencies

Legal Triage: Efforts of legal actors and others during declared emergencies to build a favorable legal environment by prioritizing issues and solutions facilitating legitimate public health responses



Emerging Legal Issues



CSC Legal Issues

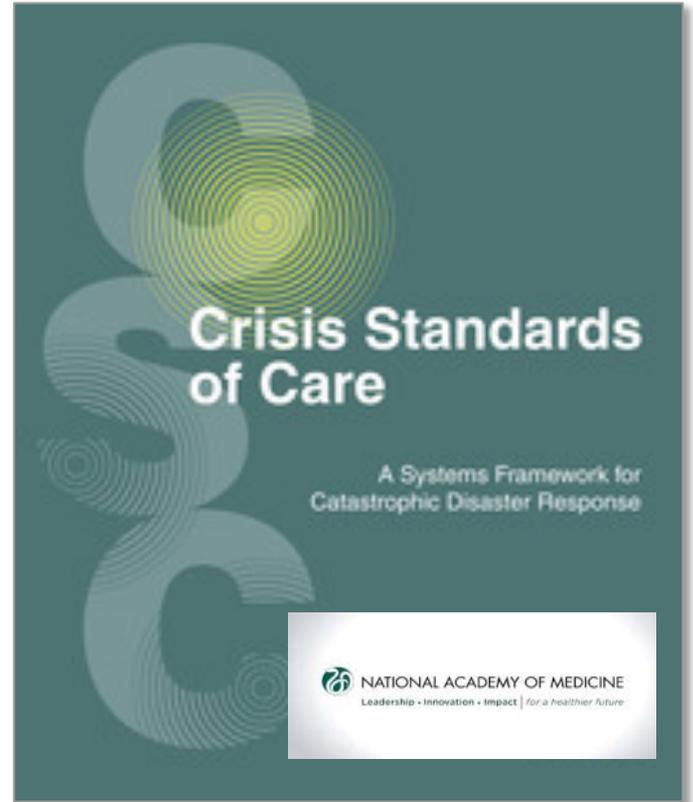
Practical, Ethical, and Legal Challenges Underlying Crisis Standards of Care

James G. Hodge, Jr., Dan Hanfling, and Tia P. Powell

CSC: substantial change in usual healthcare operations and level of care due to a pervasive or catastrophic disaster

- ▶ Coordination
- ▶ Allocation
- ▶ Reimbursement
- ▶ Licensure
- ▶ Scope of Practice
- ▶ Patient's Interests
- ▶ Duty to Care
- ▶ Uniformity
- ▶ **Liability**

[Click on article image to access](#)



Prospective Civil Liability Claims

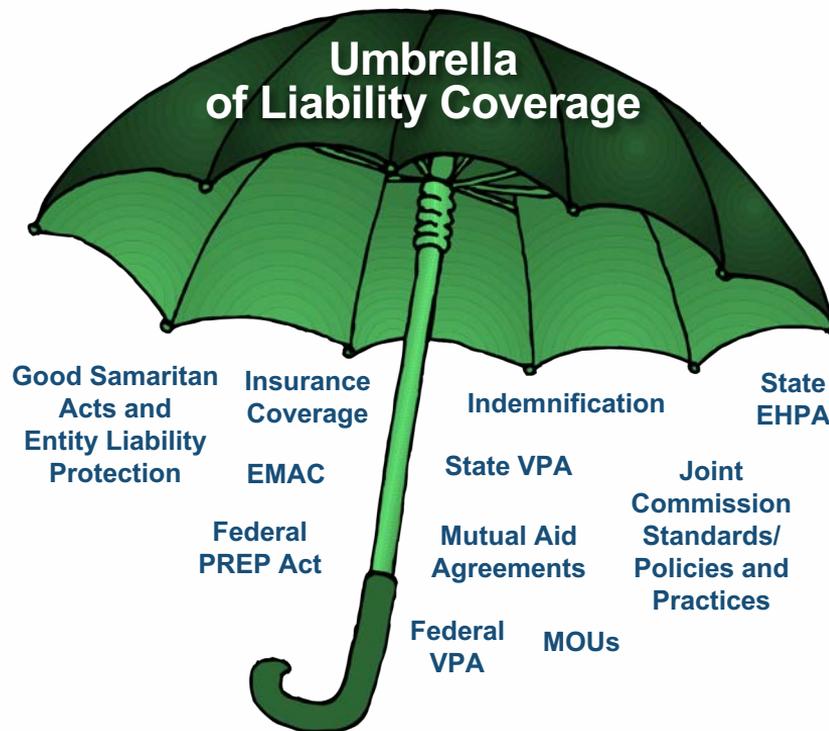
- ▶ Negligence/Malpractice
- ▶ Intentional Torts
- ▶ Privacy Infringements
- ▶ Discrimination
- ▶ Worker's Compensation



Emergency Liability Protections – Health Practitioners & Entities



Despite risks, many legal liability protections apply in routine events and declared emergencies, especially concerning health care volunteers, workers and entities



Acknowledgements

- ▶ Special thanks to **Leila Barraza, JD, MPH**, and **Erica White** at our Network - Western Region Office for their research and assistance



The Network
for Public Health Law

- ▶ Ask the Network re: questions/comments
james.hodge.1@asu.edu | @jghodgejr

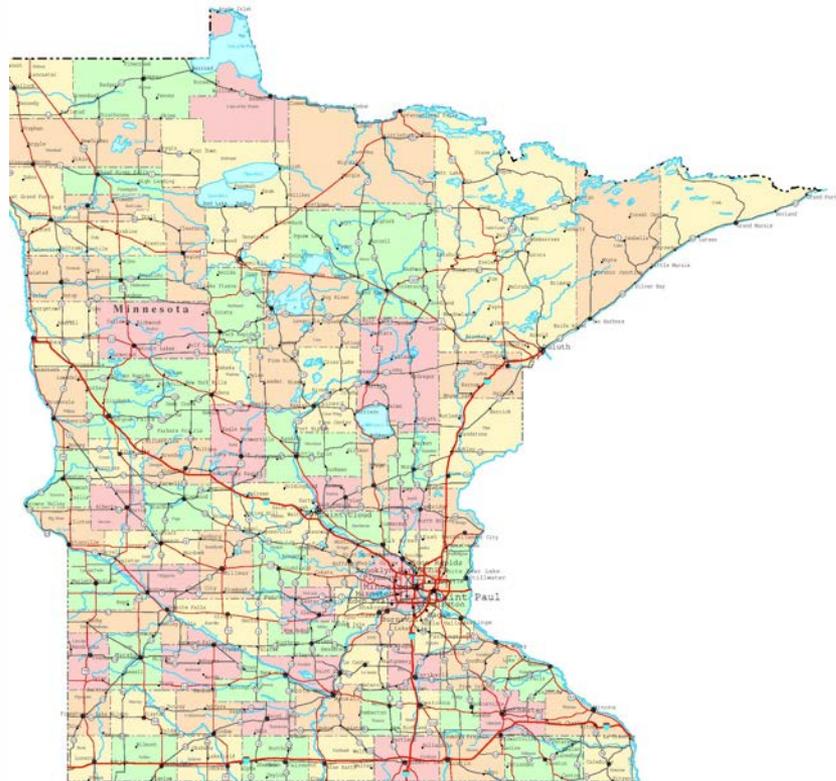


Minnesota EMS Crisis Standards of Care Plan

Aaron Burnett, MD, FACEP

Minnesota

- ▶ Population 5.6 million
 - ▷ 3.2 million in Twin Cities metro
- ▶ Level 1 Trauma Centers
 - ▷ 6 total (1 in across border in SD)
 - ▷ 3 in Twin Cities
- ▶ Regionalized systems for:
 - ▷ Stroke
 - ▷ STEMI
 - ▷ Trauma
 - ▷ Peds +/-
 - ▷ Psych +/-





Minnesota EMS Regulatory Board

- ▶ Emergency Med. Physician
- ▶ Minn. Hospital Rep.
- ▶ Fire Chief
- ▶ Full-time Firefighter
- ▶ Volunteer Firefighter
- ▶ EMS Provider
- ▶ EMS Service Manager
- ▶ Minn. Sherriff Rep.
- ▶ Local Board of Public Health
- ▶ Regional EMS Program Reps. (2)
- ▶ Emergency Dept. RN
- ▶ Pediatrician
- ▶ Family Practice Physician
- ▶ Public Member
- ▶ OTHERS:
 - ▷ Commissioner of Public Safety Rep.
 - ▷ Commissioner of Health Director Rep.
 - ▷ State Senator
 - ▷ State Representative



Medical Direction Standing Advisory Committee

“A forum for physicians to discuss prehospital care and work toward the improvement of medical direction statewide. Its membership includes physician members of the EMSRB, medical directors from the eight EMS regional and other interested emergency physicians”

Minn. CSC Development

- ▶ EMSRB and State Dept. of Health (MDH) work independently but in partnership
- ▶ Crisis Standards of Care first developed in 2010 for H1N1
- ▶ Reviewed and endorsed by MDH as well as EMSRB
- ▶ Unified front for patient care in Minn.



Protecting, maintaining and improving the health of all Minnesotans

August 16, 2010

Ronald R. Robinson, MA, NREMT-P
Metro Region EMS System Coordinator
Metropolitan Emergency Services Board
2099 University Avenue West, Suite 201
St. Paul, Minnesota 55104-3431

Dear Mr. Robinson:

The Minnesota Department of Health has reviewed the Metro Region EMS System Pandemic Plan pursuant to your request under MN Statute 12.61, subd. 1a (ii). We are pleased with the scope and detail of the work in planning for pandemic influenza. MDH has no substantive concerns or recommended changes to the main sections of the plan, and we approve the EMS protocols in Section 4--Altered Standards of Care, which you specifically requested we review.

We have coordinated our review with the Division of Homeland Security and Emergency Management, and our reviewers noted that many of the supplemental items in the appendices are specific to H1N1 influenza. MDH will be making recommendations for updating or replacing some of these materials to make the appendices more relevant for pandemic influenza in general.

We congratulate the Metro Region EMS System on development of this important asset for effective emergency response. We would be happy to meet with you to discuss further updates if needed.

Sincerely,

Jane E. Braun, MS, CTR, MNCEM
Deputy Director of Emergency Preparedness
Minnesota Department of Health
625 North Robert Street
PO Box 64975
St. Paul, MN 55164-0975

General Information: 651-201-5000 • Toll-free: 888-345-0823 • TTY: 651-201-5797 • www.health.state.mn.us
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Suspension of EMS Regulations

Emergency Suspension of Ambulance Service Requirements
Minn. Statute 144E.266

The requirements of the following statutes are suspended in the geographic areas of the state affected during a governor's declared peacetime emergency:

- ▷ 144E.10: Staffing, 24-hr response, BLS/ALS licensure, EVOC-drivers, PSA suspension, equipment
- ▷ 144E.121: Air ambulance licensure and staffing requirements
- ▷ 144E.123: Prehospital care data submission
- ▷ 144E.127: Interfacility transfer staffing requirements
- ▷ 144E.15: Relocating a base of operations

The Local EMS Perspective: Operationalizing Crisis Standards of Care

John L. Hick, MD

	Conventional (Few cases)	Contingency (Many cases)	Crisis (Overwhelming number cases)
Dispatch	<ul style="list-style-type: none"> Travel and exposure screening Communicate information to crews via CAD 	<ul style="list-style-type: none"> Possible travel and exposure screening Increased dispatch discretion for call/acute priority 	<ul style="list-style-type: none"> No travel screening Auto-answer system may be needed – emergency calls only – roll info and other calls to 311 or other hotline Additional call triage – possibly with paramedic / MD assistance Consider recommend private transport if delays >30min to answer priority calls
Send	<ul style="list-style-type: none"> Full response 	<ul style="list-style-type: none"> May institute selective response (i.e. sending fire or EMS alone on certain responses to conserve resources – fire only on down, PI, EMS only for CP, SOB, etc. – see call code document) 	<ul style="list-style-type: none"> Consider community paramedic response? Scheduled BLS provider? WC van? Consider sending taxi/Uber/other? Police or fire transport?
Staffing	<ul style="list-style-type: none"> Normal staffing 	<ul style="list-style-type: none"> Curtail special event staffing? Adjust shift duration? Supervisors on streets? MDs on streets? 	<ul style="list-style-type: none"> Paramedic and EMT-B crews? EMR drivers? MFD / first response agency drivers? Public works drivers? National Guard?
Destination	<ul style="list-style-type: none"> Hospital of choice 	<ul style="list-style-type: none"> Closest hospital Batch transports? 	<ul style="list-style-type: none"> Closest hospital Alternate care location Batch transports as appropriate
Lefts	<ul style="list-style-type: none"> Per SOP 	<ul style="list-style-type: none"> Broaden discretion with call to MD 	<ul style="list-style-type: none"> Broaden discretion for lefts (HC pandemic plan) Consider restricting cardiac arrest resuscitations
PPE	<ul style="list-style-type: none"> Mask symptomatic patients N95, barrier gown, eye protection, gloves for suspect cases 	<ul style="list-style-type: none"> Mask symptomatic patients N95, barrier gown, eye protection, gloves for suspect cases Simple mask, gloves, eye protection on all calls 	<ul style="list-style-type: none"> Wearing of simple masks by all patients encouraged Staff may need to wear N95 all patients vs. selected Daily temperature and symptom checks Consider work when ill with mask / early return after illness
Supplies	<ul style="list-style-type: none"> Per usual 	<ul style="list-style-type: none"> Conserve, substitute, adapt, re-use medications / supplies as required based on shortages 	<ul style="list-style-type: none"> Allocate medications / supplies to most likely to benefit (per MD guidelines)

Hennepin Emergency Medical Services Crisis Contingency Strategies

DRAFT March 1, 2020



Real Time Adaptations

Trigger:

- Code 3 calls in queue
- No mutual aid available
- Duty Chief Authorization

- Hold over crews
- Closest Hospital
- Limit responders – per call type, limit initial response to EMS or Fire only

>1h anticipated duration ?

No

Resume Normal Operations

Yes

Notify MECC of change to limit responders and consider auto-answer
Request supervisor / MD / CP jump car to augment ambulances

Able to resume normal operations?

Yes

No

Shift Adaptations

- Jump car(s)
- Adjusted shift duration / frequency (open additional shifts / ill calls)
- EMR / paramedic staffing
- FF / paramedic staffing (paramedic drives to scene, FF drives to hospital)
- Staff some ambulances BLS



Medical Director consultation to approve:

- Discretionary 'left' SOP
- Batch transport
- Limit responses based on availability of private transport or patient complaint relative to resources available (may involve RN or MD call screening depending on duration)
- Coordinate alternate transportation – Metro Mobility, BLS, WC, ride-share, etc.
- Cardiac arrest – VF resuscitation only, consult with MD if no response to airway, initial meds, three shocks
- If further triage of calls needed may implement real-time MD review/calltaking subject to resources available



As system volumes allow, work backwards up algorithm to normal operations

PNC	DESCRIPTION	Minneapolis Fire	Minneapolis Police	Suburban First Responders		
ABITE	ANIMAL BITE		X		LE + pass	EMS for facial or extensive injuries, encourage private transport / PD transport
ALRMED	MEDICAL ALARM				ANY 1	EMS only for confirmed need by public safety / fire
AOEMS	ASSIST OTHER EMS				N/A	Per needs
ASLT	ASSAULT		X		PD + pass	Per notes - if AMS / head injury start FD and EMS, otherwise EMS only
ASTFD	ASSIST FIRE	X			N/A	Resources per situation
ASTPD	ASSIST POLICE		X		N/A	Resources per situation
ASUIC	ATTEMPT SUICIDE		X		PD + pass	Consider fire based on delays and situation
BABY	BABY NOT BREATHING	X	X			
BLEED	SEVERE BLEED	X				
COALRMED	CO ALARM	X			Fire alone	
DIAB	DIABETIC	X (IF UNCON)				Consider fire based on delays and situation
DK	INTOXICATED SUBJ		X	J	PD + pass	Consider fire only based on situation
DOWN	ONE DOWN	X (EXTREME TEMPS)	X	U		
DROWN	DROWNING	X	X	R		
EDPE	EMOTIONALLY DISTURBED PERSON		X	I	PD + pass	Consider fire only based on situation
ELEVEMED	ELEVATOR EMERGENCY W/MEDICAL	X		S	Fire + pass	Consider fire only to assess
EHELP	PARAMEDIC NEEDS HELP	X	X	D		
EXPLOSBDG	BUILDING EXPLOSION	X	X	I	Fire + pass	Consider hold EMS until confirmed injuries requiring ambulance transport
EXPLOSVEH	VEHICLE EXPLOSION	X	X	C	Fire + pass	Consider hold EMS until confirmed injuries requiring ambulance transport
FALL	FALL	X (HEAD INJ)		T	Pass	Consider fire only until assessed that EMS response required unless AMS
FBLDG	STRUCTURE FIRE	X		I	Fire alone	Consider hold EMS until confirmed injuries requiring ambulance transport
HAZMATE	HAZARDOUS MATERIALS	X	X	O	Fire alone	Consider hold EMS until confirmed injuries requiring ambulance transport

MN Metro Region EMS System Pandemic Response Matrix

Approved March 12, 2020 – EMS TOC Executive Committee



5. BLEEDING (LACERATIONS, ABRASIONS OR AVULSIONS):

	<ul style="list-style-type: none">○ Patient is on anticoagulant with significant ongoing bleeding or large hematoma
 	<ul style="list-style-type: none">○ Significant lacerations after bandaging – heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit – to emergency room○ Lacerations requiring simple repair – consider self-transport to physician's office or urgent care center (however, some offices do not do procedures; patient will need to call ahead)
	<ul style="list-style-type: none">○ Abrasions or avulsions not requiring suturing or repair, no significant contamination.○ Minor lacerations that do not require sutures

Questions?

Please submit questions through the webinar platform

Coronavirus/COVID-19 EMS Resources

www.ems.gov/projects/coronavirus_covid-19_resources.html

Legal Emergency Preparedness Resources

www.networkforphl.org/wp-content/uploads/2020/01/Western-Region-Emergency-Prep-8-23-18.pdf

Minnesota EMS Considerations – Crisis Standards of Care

<https://www.health.state.mn.us/communities/ep/surge/crisis/ems.html>

Minnesota Suspension of Ambulance Service Requirement FAQs

https://mn.gov/emsrp/assets/Emergency%20Suspension%20Requirements%202020-03.19_tcm1116-423037.pdf



Thank You

Visit



for more info on
COVID-19 and other
national EMS
initiatives.